

215040761  
62788

State of Nebraska  
Investigator's Motor Vehicle Accident Report

Sheet 1 of 5

3	Total Number of Vehicles	Local No./ District 57	Agency Case No. B5-092687	HIT & RUN? <input type="radio"/> YES <input checked="" type="radio"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="radio"/> YES <input type="radio"/> NO	L 1			
A/1	DATE OF ACCIDENT	M M / D D / Y Y Y Y S M T W T H F S 10/05/2015		TIME OF ACCIDENT 1227	STATE USE ONLY				
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	POLICE NOTIFIED 1227	10/05/2015				
B	58	ROAD ON WHICH ACCIDENT OCCURRED	STREET/ HIGHWAY NO. 48th/A	PRIVATE PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	LATITUDE				
C	1	DISTANCE FROM MILEPOST	FEET	ONE-WAY STREET? <input type="radio"/> YES <input checked="" type="radio"/> NO	LONGITUDE				
D	2	IF AT INTERSECTION NAME OF INTERSECTING ROADWAY A							
V1/M	01	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN							
V2/M	03	MILES N S E W AND MILES N S E W OF NEAREST CITY OR TOWN							
E	2	R. WORK ZONE CODES 1	R2	R3	R4	S. PEDESTRIAN CLASSIFICATION CODES S1 S2 S3 S4 S5-a S5-b S6-a S6-b			
F	1	DRIVER LICENSE NO. H12534881				STATE (Of License) NE	SEX <input type="radio"/> FEMALE <input checked="" type="radio"/> MALE		
V1/N	2	DRIVER DANIEL L GRIFFITH				PHONE 402-326-3296	LOCAL NO.		
V2/N	2	DRIVER ADDRESS 13990 ADAMS ST, LINCOLN, NE 68527				CITY, STATE, ZIP	DATE OF BIRTH (MM / DD / YYYY) 12/26/1982		
G	2	OWNER DANIEL L GRIFFITH				PHONE 402-326-3296	LOCAL NO.		
H	5	OWNER ADDRESS 13990 Adams, Lincoln, NE 68527				CITY, STATE, ZIP	CITATION <input type="radio"/> PENDING <input checked="" type="radio"/> YES <input type="radio"/> NO		
V1/O	2	LICENSE PLATE PA NO. RUI696	YEAR 2007	MAKE Toyota	MODEL Scion TC	BODY STYLE 4 door Sedan	COLOR gray	ESTIMATED DAMAGE <input type="radio"/> TOTALED \$ 3000	
V2/O	4	VEHICLE ID NO. (VIN) JTKDE167670189611	TOWED TO		TOWED BY		INSURANCE COMPANY GEICO	POLICY NO. 4069-55-55-24	
I	1	VEHICLE NO. 2							
V1/P	1	DRIVER SARA CREPS				PHONE 402-617-6768	LOCAL NO.		
V2/P	1	DRIVER ADDRESS 4611 MADISON AVE, LINCOLN, NE 68504				CITY, STATE, ZIP	DATE OF BIRTH (MM / DD / YYYY) 04/21/1987		
J	01	OWNER SARA PETERSEN (Creps)				PHONE 402-617-6768	LOCAL NO.		
V1/Q	4	LICENSE PLATE PA NO. SHG122	YEAR 2011	MAKE Honda	MODEL Civic	BODY STYLE 4 door Sedan	COLOR red	ESTIMATED DAMAGE <input checked="" type="radio"/> TOTALED \$	
V2/Q	1	VEHICLE ID NO. (VIN) 2HGFA1F6XBH550430	TOWED TO 101 Charleston		TOWED BY Capitol		INSURANCE COMPANY Progressive	POLICY NO. 38355157	
K	02	Complete this section for all injured persons (Complete a continuation report, if more than three were injured)						DATE OF BIRTH (MM / DD / YYYY)	1 2 3 4 5 SEX Seat Position Eject Body Region Injury Sev. Trans. M F
VEH. #	2	NAME SARA CREPS				ADDRESS		04/21/1987	01 4 03 4 2 F
		LOCAL NO.	MEDICAL FACILITY NAME BryanLGH Medical Center East (Bryan)		EMS SERVICE NAME Lincoln Fire & Rescue		EMS RUN REPORT NO.		
VEH. #	3	NAME RASHEED K RASHEED				ADDRESS		10/25/1974	01 1 09 4 2 M
		LOCAL NO.	MEDICAL FACILITY NAME BryanLGH Medical Center East (Bryan)		EMS SERVICE NAME Lincoln Fire & Rescue		EMS RUN REPORT NO.		
VEH. #		NAME				ADDRESS			
		LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME		EMS RUN REPORT NO.		

**THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS**

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.  
B5-092687

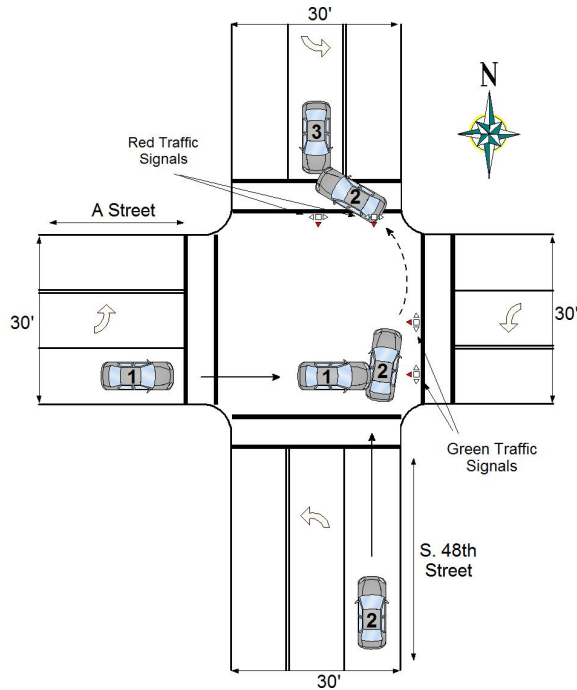


Indicate  
North  
by Arrow

POI #1: (V#1-V#2)  
6'7" N S curb A St  
7'8" W E curb 48th St

POI #2: (V#2-V#3)  
17'9" N N curb A St  
11'10" W E curb 48th St

Measurements by  
Sgt. Wiese #1291 LPD



**DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION**

V#1 was stopped EB on A St in the south lane as the first vehicle at the intersection. V#2 was NB on 48th St approaching A St. V#1 entered the intersection and collided into the side of V#2, which then continued across the intersection and collided into the front end of V#3, which was stopped SB on 48th in the left turn lane. D#1 said that he was stopped until the traffic signal for EB traffic turned green, then he entered the intersection when he noticed V#2 out of the corner of his eye approaching on his right. He had little time to react before colliding into V#2. D#2 said that she was travelling at unknown speed and at some point saw that the traffic signal for NB traffic at A St was yellow, but she was unsure where exactly she was and was unsure if her light had turned red. The next thing she remembered was being hit on the left side and then colliding with V#3. D#3 said that he was stopped at the intersection when he was struck by V#2 ...

<b>PROPERTY</b>	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
<b>WITNESSES</b>	NAME ADDRESS				PHONE
	NAME ADDRESS				PHONE

VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA <i>(Enter numbers for each vehicle)</i>				AIRBAG DEPLOYED VEHICLE 1		RESTRAINT USE VEHICLE 1		TOTAL OCCUPANTS			
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME										
1			X		A										
2	X				48th										
1	01				06 Turning left	POINT OF IMPACT	01	POINT OF IMPACT	07						
2	01				08 Entering traffic lane	MOST DAMAGED AREA	01	MOST DAMAGED AREA	07						
01 Essentially straight ahead 02 Backing 03 Changing lanes 04 Overtaking/ Passing 05 Turning right 06 Turning left 07 Making U-turn 08 Entering traffic lane 09 Leaving traffic lane 10 Parked 11 Slowing or stopped in traffic 12 Other 13 Unknown						00 None 09 Top & windows 10 Undercarriage 11 Total (all areas) 12 Other		02 03 04 01 05 08 07 06		1 Deployed - front 2 Deployed - side 3 Deployed - both front/side 4 Not deployed 5 Not applicable/ No airbag available 6 Unknown		1 None used - vehicle occupant 2 Lap & shoulder belt used 3 Shoulder belt only used 4 Lap belt only used 5 Child safety seat used 6 Child booster seat used 7 DOT approved helmet used 8 Costume helmet used 9 Restraint use unknown		ALCOHOL/ DRUGS SUSPECTED 1 Neither alcohol nor drugs suspected 2 Yes - alcohol suspected 3 Yes - drugs suspected 4 Yes - alcohol & drugs suspected 5 Unknown	
OFFICER NO. 643						TROOP/ TEAM/ BEAT SE		DEPARTMENT Lincoln Police Department				Photographs taken? YES NO			
INVESTIGATOR NAME (Print or Type) Mark Fluitt						INVESTIGATOR SIGNATURE Approved by Mark Fluitt						DATE OF REPORT 10/05/2015			

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State of Nebraska

Investigator's Motor Vehicle Accident Continuation Report Sheet 3 of 5

Local No./  
District 57

Agency  
Case No. B5-092687

STATE USE ONLY

Vehicle  
Codes  
from  
Overlay  
#2

DATE OF ACCIDENT (MM / DD / YYYY)

10/05/2015

PLACE  
OF  
ACCIDENT

COUNTY

Lancaster

CITY

Lincoln

Sequence  
of Events

ROAD ON WHICH ACCIDENT OCCURRED STREET/HIGHWAY NO. 48th/A

VEH. #	VEHICLE NO. 3										VEH. #
3	DRIVER LICENSE NO. H13648807		STATE (Of License) NE		SEX <input checked="" type="radio"/> FEMALE <input checked="" type="radio"/> MALE		3				
M	DRIVER RASHEED K RASHEED				PHONE 402-318-9794		LOCAL NO.				
01	DRIVER ADDRESS 3335 PORTIA ST APT 2C, LINCOLN, NE 68521				CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY) 10/25/1974		1. 18		
N	OWNER RASHEED RASHEED				PHONE 402-318-9794		2. 2.				
O	OWNER ADDRESS 3335 PORTIA ST APT 2C, LINCOLN, NE 68521				CITY, STATE, ZIP		CITATION <input type="radio"/> YES <input checked="" type="radio"/> NO		3. 3.		
P	LICENSE PLATE PA NO. TGL207		YEAR (Plate Expires) 2016		STATE (Of Plate) NE		4. 4.				
Q	VEHICLE 2000		MAKE Subaru		MODEL Forester		BODY STYLE 4 door Sedan		5. 18		
1	VEHICLE ID NO. (VIN) JF1SF6558YH727419		INSURANCE COMPANY Progressive		POLICY NO. 901139851		6. 35				
TOWED TO 2200 Y		TOWED BY Capitol		POLICY NO. 901139851							

VEH. #	VEHICLE NO. 4										VEH. #
4	DRIVER LICENSE NO.		STATE (Of License)		SEX <input type="radio"/> FEMALE <input type="radio"/> MALE		4				
M	DRIVER				PHONE		LOCAL NO.				
N	DRIVER ADDRESS				CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)		1. 1.		
O	OWNER				PHONE		LOCAL NO.		2. 2.		
P	OWNER ADDRESS				CITY, STATE, ZIP		CITATION <input type="radio"/> YES <input type="radio"/> NO		3. 3.		
Q	LICENSE PLATE NO.		YEAR (Plate Expires)		STATE (Of Plate)		4. 4.				
1	VEHICLE		YEAR		MAKE		MODEL		5. 5.		
1	VEHICLE ID NO. (VIN)		INSURANCE COMPANY		POLICY NO.		6. 6.				
TOWED TO		TOWED BY		POLICY NO.							

VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA (Enter numbers for each vehicle)				AIRBAG DEPLOYED VEHICLE 3				RESTRAINT USE VEHICLE 3				TOTAL OCCUPANTS VEH 3 3 VEH 4				
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME				VEHICLE 3				VEHICLE 4				ALCOHOL TESTING			
3		X			48th				POINT OF IMPACT 08				POINT OF IMPACT				ALCOHOL LEVEL TESTED			
4									MOST DAMAGED AREA 08				MOST DAMAGED AREA				BAC LEVEL			
3	11	06 Turning left			02 03 04				01 05				1 None used - vehicle occupant				Driver No. 3 Driver No. 4			
4		07 Making U-turn			09 Top & windows				10 Undercarriage				2 Lap & shoulder belt used				1			
		08 Entering traffic lane			11 Total (all areas)				12 Other				3 Shoulder belt only used				2			
		09 Leaving traffic lane											4 Lap belt only used				N X N			
		10 Parked											5 Child safety seat used							
		11 Slowing or stopped in traffic											6 Child booster seat used							
		12 Other											7 DOT approved helmet used							
		13 Unknown											8 Costume helmet used							
													9 Restraint use unknown							

Complete this section for all injured persons										DATE OF BIRTH (MM / DD / YYYY)		1 2 3 4 5 SEX M F	
VEH. #	NAME				ADDRESS				DATE OF BIRTH (MM / DD / YYYY)		1 2 3 4 5 SEX M F		
	LOCAL NO.				MEDICAL FACILITY NAME				EMS SERVICE NAME		EMS RUN REPORT NO.		
VEH. #	NAME				ADDRESS				DATE OF BIRTH (MM / DD / YYYY)		1 2 3 4 5 SEX M F		
	LOCAL NO.				MEDICAL FACILITY NAME				EMS SERVICE NAME		EMS RUN REPORT NO.		
VEH. #	NAME				ADDRESS				DATE OF BIRTH (MM / DD / YYYY)		1 2 3 4 5 SEX M F		
	LOCAL NO.				MEDICAL FACILITY NAME				EMS SERVICE NAME		EMS RUN REPORT NO.		

# ADDITIONAL - DIAGRAM & INFORMATION AS REQUIRED FOR ACCIDENT



Indicate  
North  
by Arrow

AGENCY CASE NO.

B5-092687

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
WITNESSES	NAME		ADDRESS		PHONE
	NAME		ADDRESS		PHONE
OFFICER NO. 643		TROOP/ TEAM/ BEAT SE		DEPARTMENT Lincoln Police Department	
INVESTIGATOR NAME (Print or Type) Mark Fluitt			INVESTIGATOR SIGNATURE Approved by Mark Fluitt		DATE OF REPORT 10/05/2015

**62788**

Investigator's Motor Vehicle Accident Description Continuation Report Sheet 5 of 5

District 57

B5-092687

STATE USE ONLY

10/05/2015

COUNTY

Lancaster

CITY Lincoln

ROAD ON WHICH ACCIDENT OCCURRED STREET/HIGHWAY NO.

48th/A

643

SE

Lincoln Police Department

Mark Fluitt

Approved by Mark Fluitt

10/05/2015